

HEBDEN ROYD
Urban District Council

The
Annual Report

of the
MEDICAL OFFICER OF HEALTH
(J. LYONS.
M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

and the
SANITARY INSPECTOR
(W. L. KAY,
F.S.I.A., M.R.San.I.)

for 1949

HEBDEN BRIDGE:
KERSHAW & ASHWORTH LTD., MARKET STREET

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Public Health Staff

HEBDEN ROYD U.D.C.

Medical Officer of Health—

J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health—

G. A. WILTHEW, M.B., B.S., B.Sc.

Sanitary Inspector—

W. L. KAY, F.S.I.A., M.R.San.I.

WEST RIDING COUNTY COUNCIL

Preventive Medical Services : Health Division 19.

Staff with duties in the Hebden Royd District.

Divisional Medical Officer—As above (M.O.H.)

Deputy Divisional Medical Officer—As above (Deputy M.O.H.).

Medical Officers to Hebden Royd Maternity and Child Welfare Clinics—

MADELEINE A. DOWDALL, M.B., Ch.B.,
Hebden Bridge ;

T. M. CRAWFORD, M.B., Ch.B., Mytholmroyd
C.W. Clinic.

County Oculist—

R. BURNS, M.B., B.Ch.

School Dental Officers—

J. TODD, L.D.S.

Health Visitors—

E. J. M. HOLLINRAKE, S.R.N., S.R.F.N.

D. M. DACK, S.R.N., S.C.M.

C. B. HALLSWORTH, S.R.N., S.C.M.

R. I. M. SCHOLICK, S.R.N., S.C.M.

Tuberculosis Health Visitor—

B. G. NICHOLL, S.R.N.

Mental Health Social Worker—

Miss S. PENNINGTON, B.A. (Soc. Admin.).

Midwives—

M. COGAN, S.R.N., C.M.B.

D. SANDERSON, S.R.N., C.M.B.

Home Nurse—

I. COLLUMBELL, S.R.N., C.M.B.

A. M. SCHOLICK, S.R.N., S.C.M.

HALIFAX AREA HOSPITALS MANAGEMENT COMMITTEE**Consultant Staff—**

Ear, Nose and Throat Surgeon :

W. O. LODGE, M.D., F.I.C.S., F.C.R.S.(Edin.).

Chest Physician :

BERTRAM MANN, B.Sc., M.D., D.P.H.

Orthopaedic Surgeon :

G. HYMAN, M.B., F.R.C.S.

HEBDEN ROYD URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

Abraham Ormerod Medical Centre,
Todmorden,
October, 1950.

To the Chairman and Members of the Council

Gentlemen,

I have the honour to present the third Annual Report since the inception of the scheme of Divisional Health Administration. Under this arrangement your Medical Officer of Health is also Divisional Medical Officer for the West Riding County Council's local health services and has similar functions in the Borough of Todmorden and the Urban Districts of Sowerby Bridge and Ripponden and the Rural District of Hepton. The scheme has, I think, led to a closer integration of all local authority health services.

The vital statistics for 1949 present features which we now know to be characteristic of the Hebden Royd district and, to a lesser extent, of the whole Calder Valley area. The declining birthrate referred to in my 1948 report continues on its downward path, falling from 15.1 to 14.5 per 1,000. This fall was accompanied by a sharp rise in the death rate from 15.5 to 17.7 per 1,000. Deaths exceeded births by no fewer than 32 and Hebden Royd earns the invidious distinction of having the highest crude death rate of all the eighty-nine districts of the West Riding administrative area. This unique position is in part due to the unduly large proportion of old folk in the community. It is interesting to note in this respect that the increase in the number of deaths as compared with 1948 was most evident in the heart and circulatory group of diseases ; these chiefly affect the elderly and middle-aged.

The ageing of the community is, however, not the only factor involved. A study of the various death rates after adjust-

ment for age and sex differences reveals that Hebden Royd still retains one of the highest adjusted death rates, being exceeded by only five other districts. It is possibly of significance that four of these five districts are, like Hebden Royd, very hilly and one wonders to what extent this physical feature is affecting the expectation of life of those suffering from heart and circulatory diseases.

In a district possessing a statistical background of the type I have just described, the problem of caring for the aged is thrown greatly into relief. One is appalled by the number of cases reported to me of old people suffering in loneliness, handicapped by physical and often mental infirmity, uncared for and without the capacity to attend to the most elementary of their own needs. In the face of this growing and urgent problem there is, unfortunately, developing an attitude of mind which devolves the entire responsibility for dealing with the situation on to the State. Is it too old fashioned to suggest that the prime responsibility for caring for the aged rests with the relatives—where they exist—or have State provisions (such as they are) confused our moral conscience? The community and the State must of course play a part, and it is encouraging to note that a local Old People's Welfare Organisation has been formed. It is equally a relief to learn that the Halifax Hospitals Management Committee have plans for additional accommodation for the aged chronic sick. The district Council, too, must keep in mind the care of this increasing number of aged people when plans for future housing projects are discussed. A place on the waiting list is, to an old person, merely a passport to the Beyond. I would plead for a sense of urgency in dealing with the many and varied aspects of this human problem.

The statistics of infectious disease reveal that there were no serious outbreaks during the year. The cases of measles and scarlet fever were generally of a mild nature. Once again diphtheria was conspicuous by its absence—a tribute to the success of the immunisation campaign. The value of “refresh-er” or “boosting” inoculations against diphtheria during school life is recognised and special immunisation sessions are now being held in the schools.

Tuberculosis continues to be a serious threat to the health of the community. Seven new cases (six respiratory) were notified during the year, six of the seven patients being under the age of 45 years. There were also two deaths from this disease. Adequate housing must always be regarded as the

first line of defence against tuberculosis and one can hold out no hope of eradicating the disease until local housing conditions are vastly improved.

In conclusion I wish to thank the members of the Council for their kindness, patience and co-operation, and to thank Mr. Kay, Sanitary Inspector, for his kindness and most willing assistance in helping me to tackle the numerous problems of the Health Department.

I have the honour to be, Mr. Chairman and Gentlemen,
Your obedient servant,

J. LYONS,
M.B., Ch.B., M.R.C.S.,
L.R.C.P., D.P.H.
Medical Officer of Health.

SECTION I Vital Statistics

Statistics—

Area : 7,084 acres.

Population : Registrar-General's estimate of Resident
Population, mid-1949, 10,140.

Number of dwelling houses : 3,937.

Rateable Value : £66,360.

Product of a penny rate : £260.

Summary of Vital Statistics—

	Total	M	F	
Live Births— Legitimate Illegitimate	*145 2	77 2	68 -	Birth Rate per 1,000 of the estimated resident Population: 14.5
Still Births— Legitimate Illegitimate	3 -	- -	3 -	Rate per 1,000 total (live and still) births: 20.0
All Deaths	179	80	99	Death Rate per 1,000 of the estimated resident population: 17.7
Deaths of infants under 1 year— Legitimate Illegitimate	2 -	- -	2 -	Infant Mortality Rate (Deaths under 1 year per 1,000 live births): 13.6

* This figure includes births outside the Urban District to mothers normally resident in Hebden Royd.

CAUSES OF DEATH IN HEBDEN ROYD U.D.

1949

CAUSE OF DEATH						M.	F.
1.	Typhoid or Paratyphoid Fevers	...	...	...	...	—	—
2.	Cerebro-spinal Fever	...	...	...	...	—	—
3.	Scarlet Fever	...	...	...	...	—	—
4.	Whooping Cough	...	...	...	...	—	—
5.	Diphtheria	...	...	...	...	—	—
6.	Tuberculosis of Respiratory System	...	...	...	...	I	I
7.	Other forms of Tuberculosis	...	...	...	...	—	—
8.	Syphilitic Diseases	...	...	...	...	—	—
9.	Influenza	...	...	...	...	I	I
10.	Measles	...	...	...	...	—	—
11.	Ac. Polio-myelitis and Polio-encephalitis	...	...	...	...	—	—
12.	Ac. Infantile Encephalitis	...	...	...	...	—	—
13.	Cancer of Stomach and Duodenum	...	...	...	...	3	3
14.	Cancer of Buccal Cavity and Oesophagus (M) and Uterus (F)	...	...	...	...	—	—
15.	Cancer of Breast	...	...	...	...	—	4
16.	Cancer of all other Sites	...	...	...	...	3	10
17.	Diabetes	...	...	...	...	I	2
18.	Intracranial Vascular lesions	...	...	...	...	17	16
19.	Heart Disease	...	...	...	...	34	36
20.	Other Diseases of Circulatory System	...	...	...	...	I	2
21.	Bronchitis	...	...	...	...	5	7
22.	Pneumonia	...	...	...	...	2	2
23.	Other Respiratory Diseases	...	...	...	...	I	2
24.	Ulcer of Stomach or Duodenum	...	...	...	...	—	—
25.	Diarrhoea under 2 years	...	...	...	...	—	—
26.	Appendicitis	...	...	...	...	—	—
27.	Other Digestive Diseases	...	...	...	...	I	I
28.	Nephritis	...	...	...	...	—	I
29.	Puerperal and Post abortion sepsis	...	...	...	...	—	—
30.	Other Maternal Causes	...	...	...	...	—	—
31.	Premature Birth	...	...	...	...	—	—
32.	Congenital Malformation, Birth Injury ; Infancy Diseases	...	...	...	...	—	I
33.	Suicide	...	...	...	...	3	I
34.	Road Traffic Accidents	...	...	...	...	I	—
35.	Other Violent Causes	...	...	...	...	4	2
36.	All other causes	...	...	...	...	2	7
TOTAL, ALL CAUSES						80	99

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1949

Based on Registrar-General's Figures

	Hepton Rural District	Aggregate West Riding Urban Districts	West Riding Admin. County	England and Wales. (Provisional figures)
BIRTH RATE :- (per 1,000 estimated population)	14.5	16.8	17.2	16.7
DEATH RATES :- (All per 1,000 estimated population) All Causes	17.7	12.5	12.1	11.7
Zymotic Diseases (seven principal) *	Nil	0.08	0.08	**
Tuberculosis of Respiratory System	0.20	0.32	0.32	0.40
Other Forms of Tuberculosis	Nil	0.05	0.05	0.05
Respiratory Diseases :- † (excluding tuberculosis of respiratory system)	1.87	1.48	1.44	**
Cancer	2.27	1.88	1.81	1.87
Heart and Circulatory Diseases ‡	7.20	4.36	4.19	**
INFANT MORTALITY :- (Deaths under one year per 1,000 live births)	14	37	38	32
DIARRHOEA : (Deaths in infants under two years of age per 1,000 live births)	Nil	3.01	3.27	3.0
MATERNAL MORTALITY :- (Deaths of mothers in childbirth per 1,000 live and still births) Puerperal Sepsis	Nil	0.15	0.15	0.22
Other Causes	Nil	0.60	0.68	0.76
TOTAL	Nil	0.75	0.83	0.98

* Combined death rate from smallpox (if any), scarlet fever, enteric fever, diphtheria, measles, whooping cough, also diarrhoea in infants under 2 years of age.

† Combined death rate from bronchitis, pneumonia and other Respiratory Diseases, excluding Tuberculosis of the Respiratory System.

‡ Combined death rate from Heart Disease and other Diseases of the Circulatory System.

** Figures not available.

Principal Vital Statistics for the year 1949:

Based on Registrar General's Figures

Comparison with neighbouring districts in County Health Division 19	Hebden Royd U.D.	Hepton R.D.	Todm'den M.B.	Sowerby Br'ge U.D.	Ripponden U.D.
BIRTH RATE— (per 1,000 estimated population)	14.5	13.2	15.9	16.7	14.9
DEATH RATES— (All per 1,000 estimated population): All causes	17.7	14.5	17.2	16.1	11.2
Zymotic Diseases (7 principal)*	Nil	Nil	0.05	0.16	Nil
Tuberculosis of Respiratory System	0.20	0.25	0.26	0.26	Nil
Other Forms of Tuberculosis	Nil	Nil	Nil	Nil	Nil
Respiratory Diseases†— (excluding tuberculosis of respiratory system)	1.87	1.78	2.91	1.05	0.39
Cancer	2.27	1.78	2.45	2.16	0.78
Heart and Circulatory Diseases‡—	7.20	6.11	4.84	6.94	5.82
INFANT MORTALITY— Deaths under one year per 1,000 live births)	14	38	52	35	Nil
DIARRHOEA— Deaths in infants under 2 years of age per 1,000 live births)	Nil	Nil	3.28	9.43	Nil
MATERNAL MORTALITY— (Deaths of Mothers in childbirth per 1,000 live and still births)	Nil	Nil	Nil	Nil	Nil

* Combined death rate from smallpox, scarlet fever, enteric fever, diphtheria, measles, whooping cough, also diarrhoea in infants under 2 years of age.

† Combined death rate from bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡ Combined death rate from heart disease and other diseases of the circulatory system.

SECTION II

General Provision of Health Services

A. Hospitals

There is no hospital in Hebden Royd. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, Royal Halifax Infirmary, St. John's Hospital (for the aged and chronic sick), Northowram Hospital for Infectious Diseases, Shelf Sanatorium, Todmorden Fielden Hospital (for long stay medical cases in children), and Todmorden Stansfield View Institution.

Maternity beds are available at both the Halifax General and Royal Infirmary. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special hospitals (e.g., Mental Hospitals, special Orthopaedic Hospital, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required ; they are situated in various parts of the so-called " Leeds Hospital Region " which in fact extends into all three Ridings.

B. Professional Nursing in the Home

The West Riding County Council employ two nurses who reside at the Nurses' Home, Hebden Bridge, and their area includes Hebden Bridge as well as the Hepton Rural District. They were both responsible for the joint work of Home Nurse-Midwife until October, 1949, when one nurse became a full-time Home Nurse and the other a full-time Midwife.

The districts of Mytholmroyd and Cragg Vale were worked by one nurse resident at the Nurse' Home, Cragg Road, who until October, 1949, acted as both Home Nurse and Midwife. After this date she became a full-time Midwife in an extended area which included Luddenden and Midgley, and at the same time the Home Nurse-Midwife at Luddenden became a full-time Home Nurse in the same area. By the end of the year each of these four nurses had been provided with a car by the West Riding County Council to expedite the work.

C. Ambulance Facilities

The County Council took over the control of the ambulance formerly provided by the Hebden Royd and Hepton Joint Ambulance Committee towards the end of 1947 in anticipation of the operation of the National Health Service Act, 1948. The ambulance continued to operate from Hebden Bridge as previously supplemented when necessary by the ambulance at Todmorden which had also passed to the control of the County Council.

D. Clinics and Treatment Centres

Pitt Street Clinic, Hebden Bridge.—The Maternity and Child Welfare Clinic is held here every Wednesday and Thursday afternoon with Dr. M. A. Dowdall in attendance together with the Health Visitors, and an Ante Natal Clinic similarly staffed is held every Friday afternoon. The School Clinic is held every Wednesday morning and is attended by Dr. Wilthew. Sunlight clinics are held every Tuesday and Friday mornings.

Scout Road Methodist Sunday School.—Dr. T. M. Crawford attends the Maternity and Child Welfare Clinic at Mytholmroyd every Wednesday afternoon.

E. Laboratory Facilities

These are provided by the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) at a central laboratory in Wakefield.

F. Issue of Anti-Toxin, etc.

Supplies of diphtheria and tetanus anti-toxin are available at the Halifax Isolation Hospital and the Halifax General Hospital for issue to medical practitioners requiring it. By arrangement with the Regional Hospital Board supplies are also kept at the Divisional Health Office, The Medical Centre, Todmorden, for the use of local medical practitioners in the division. A supply of reagents for diphtheria immunisation is also available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's scheme of immunisation.

SECTION III

W.R.C.C. PREVENTIVE HEALTH SERVICES

A. Care of Mothers and Young Children

HEBDEN ROYD ANTE NATAL CLINICS

Number of expectant mothers attending during year	...	94+
Total number of attendances	... ..	450+

HEBDEN ROYD CHILD WELFARE CLINICS

Number of children seen by doctor during the year	...	1,846+
Total number of attendances	... ..	4,023+

HOME VISITING OF INFANTS

Total number of births to Hebden Royd mothers	...	147
Number of first visits to children under 1 year	...	137
Total number of visits to children under 1 year	...	1,130
Total number of visits to children aged 1—5 years	...	1,464

DAY NURSING ACCOMMODATION

There is a Day Nursery situated in the centre of Hebden Bridge to which children from the Hebden Royd and Hepton Rural Districts can be admitted, priority being granted on health grounds.

CARE OF PREMATURE INFANTS

Special equipment and nursing staff is available for use in the home in cases requiring them.

PROVISION OF MATERNITY OUTFITS

These are provided free to mothers preparing for confinement in their own homes.

+ These figures include mothers and children who are residing in the Hepton Rural District but who have attended the clinics at Hebden Royd.

B. Midwifery Service

Number of confinements at home	...	53
Number of confinements in hospital	...	98

C. Home Nursing Service. See Section II.

D. Ambulance Service. See Section II.

E. Health Visiting

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

F. Home Helps

It was not possible to recruit any Home Helps during 1949 in Hebden Royd. Nineteen cases were attended in Hebden Royd by Home Helps from other areas and a total of 1,206 hours' work was done.

G. Care and After Care

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease, and other illnesses.

H. School Health Service

Number of schools in district	...	...	...	...	8
Number of children in attendance at school at end of 1949					1,426
Number of children examined at school during 1949	...				687
this figure being made up as follows :—					
Routine examinations	..	..	..	473	
Re-examinations	..	..	..	214	
Number of above children referred for treatment			...		58

I. Immunisation and Vaccination

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against smallpox may be done either at the clinic or by the family doctor.

Number of Children in Hebden Royd who had completed a full course of Immunisation at any time to 31-12-49

Age at 31-12-49 i.e. born in year	Under 1	1	2	3	4	5 to 9	10 to 14	Total under15
	66	29	144	95	151	620	713	1818
Estimated Mid-year population	775					1078		1853

Number of Children in Hebden Royd who completed a full course of Immunisation 1949

	0-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Began and completed Injections 1949	66	25	2	-	1	-	-	-	-	-	-	-	-	-	-
Total 94															
Immunised in previous years re-treated 1949	-	-	-	1	1	4	4	1	2	1	3	-	-	-	-
Total 17															

SECTION IV

INFECTIOUS DISEASES

Summary of Notifications received in year 1949

DISEASE	Total Cases Notified
Smallpox	—
Scarlet Fever	8
Diphtheria	—
Typhoid and Para Typhoid	—
Cerebro-Spinal Fever	—
Puerperal Pyrexia	—
Pneumonia.....	4
Erysipelas	2
Ophthalmia Neonatorum.....	—
Encephalitis Lethargica	—
Acute Poliomyelitis	1
Measles	40
Whooping Cough	9
Pulmonary Tuberculosis	—
Other forms of Tuberculosis	—
	64

Tuberculosis

The number of new cases notified during 1949 are given in detail in the following table :—

AGE PERIOD	NEW CASES			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0— 1	—	—	—	—
1— 5	—	—	—	—
5—10	—	—	—	—
10—15	—	—	—	—
15—20	—	—	—	—
20—25	—	1	—	—
25—35	—	1	1	—
35—45	2	1	—	—
45—55	—	—	—	—
55—65	—	—	—	—
65 and over	1	—	—	—
Totals	3	3	1	—

HEBDEN ROYD URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

SANITARY INSPECTOR

Year ending December 31st, 1949

Sanitary Inspector's Department,
Council Offices,
Mytholmroyd.

**To the Chairman and Members of the Hebden Royd
Urban District Council**

Mr. Chairman and Gentlemen,

I have the honour to present my fourth Annual Report
for the year 1949.

SANITARY CIRCUMSTANCES

Number of houses in district	3,937
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Water Supply

Source of supply : Halifax Corporation and a few private
supplies. The main supply is distributed by the Hebden Royd
U.D.C.

Number of dwelling houses on public supply	...	...	3,097
Number of dwelling houses not on public supply	...	...	840

Drainage and Sewerage

There were no extensions made during 1949, and outlying
districts still require sewerage. There are 428 houses not
connected to sewers. No improvements to defective sewers
have been made during the year.

Closet Accommodation

Number of privies with open middens	...	...	...	Nil
Number of pail or tub closets	...	...	...	291
Number of privies with covered middens	...	...	...	3
Number of Water Closets	...	...	...	3,893
Waste Water Closets	...	...	...	13
Number of closets, other than Privies reconstructed during 1949 as W.C.'s	...	...	...	3
Number of additional closets provided for old property in 1949 as (a) W.C.'s	...	...	...	Nil
(b) other	...	...	...	Nil
Number of closets constructed in 1949 for new houses (a) W.C.'s	...	...	...	92
(b) other	...	...	...	Nil
Total number of closets in district...	...	...	...	4,200
Percentage of closets on water carriage system	...	...	...	92.6%

Grants of £7 10s. od. are made by the Council for conversions of privies, waste water closets and pails to W.C. system.

Milk Supply

Number of cowkeepers in the district	...	...	...	46
Number registered	...	...	...	46
Total number of cowsheds	...	...	...	74
Number of wholesale traders registered	...	...	...	15
Number of retail milk sellers registered	...	...	...	78

As regards structural conditions, cleanliness and methods of production and handling of milk generally, reconstruction work continued to be retarded due to the supply position and the labour position.

Number of licences in force in area for :—

(a) Production of " Tuberculin Tested " milk	...	...	6
(b) Production of " Accredited " milk	...	...	8
(c) In respect of Pasteurising plants	...	...	Nil

ROUTINE INSPECTIONS

Details of the inspections made are as follows :—

Inspections of bakehouses	...	...	...	...	30
Inspections of fried fish shops	...	...	...	...	9
Inspections of catering establishments	...	...	...	...	63
Inspections of food premises	...	...	...	...	88
Inspections of ice cream premises	...	...	...	...	26
Inspections of schools	...	...	...	...	11
Inspections of verminous premises	...	...	...	...	12
Inspections of factories	...	...	...	...	30
Inspections of cowsheds and dairies	...	...	...	...	11
Inspections of offensive trades premises	...	...	...	...	2
Re-inspections	...	...	...	...	574
Detailed housing inspections	...	...	...	...	4
Visits re allocation of Council houses	...	...	...	...	29
Visits re applications for Council houses	...	...	...	...	14
Visits re rodent control	...	...	...	...	173
Visits re storage of petroleum, carbide, etc.	...	...	...	...	11
Visits re nuisances	...	...	...	...	257
Visits to properties with owners and/or contractors	...	...	...	...	52
Visits re cases of infectious disease	...	...	...	...	10
Visits re salvage, cleansing and miscellaneous matters	...	...	...	...	341
Smoke observations taken	...	...	...	...	1
Houses disinfected	...	...	...	...	11
Houses disinfested	...	...	...	...	13
Drains tested	...	...	...	...	54
Water samples taken	...	...	...	...	21
Milk samples taken	...	...	...	...	52
Ice cream samples taken	...	...	...	...	19
Plumbo solvent samples taken	...	...	...	...	10
Interviews	...	...	...	...	83
Samples of dish water taken	...	...	...	...	2
Visits re removal of persons to cleansing station	...	...	...	...	1
Visits re caravans	...	...	...	...	12
Swab-rinse Tests	...	...	...	...	55

COMPLAINTS

The number of complaints received during the year was 141 and in the main related to property repairs. The deterioration of housing conditions continues steadily and it is to be hoped that before long it will be possible to commence limited clearance of slum properties. Otherwise, in a few years time, the Council will be faced with a major housing problem.

NOTICES SERVED

The total number of notices served was 479, consisting of 427 informal and 52 statutory.

SANITARY IMPROVEMENTS

Details of the improvements made during the year are as follows in connection with :—

Water supply	...	...	...	...	...	...	11
Sanitary accommodation provided or repaired	...	...	...	...	...	...	48
Ash bins provided	...	...	...	...	...	...	511
Drainage	...	...	...	...	...	...	46
Internal house repairs	...	...	...	...	...	...	47
External house repairs	...	...	...	...	...	...	39
Cleanliness of tenants	...	...	...	...	...	...	20
Offensive accumulations	...	...	...	...	...	...	11
Privy conversions	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	35
Total							771

WATER SUPPLY

During the year 31 samples of water were taken, 7 from public and 24 from private supplies. These samples comprised : Public supplies—6 plumbo solvent, 1 bacteriological ; Private supplies—4 plumbo solvent, 19 bacteriological and 1 chemical.

All the plumbo solvent samples were satisfactory as were also the samples from public supplies subjected to chemical and bacteriological examination.

Eleven of the samples from private supplies were found on examination to be unsatisfactory, which shows the need for the public supply to be extended to all parts of the district as soon as possible.

ICE CREAM

It is again a source of satisfaction to be able to report that ice cream production in your area continues to be at a very high level. During the year 19 samples of ice cream were submitted for analysis and of these 9 were placed in Provisional Grade I, 5 were placed in Provisional Grade II, 2 were placed in Provisional Grade III and 3 were placed in Provisional Grade IV.

MILK SUPPLY

The practice of sampling milk in the streets, with the object of obtaining a truly representative sample, continued during the year, 46 samples were taken for the Methylene Blue Test and 6 for the presence of tuberculosis. It is gratifying to be able to report that all biological tests for tuberculosis were satisfactory. Of the Methylene Blue Test, 27 were in respect of designated milks, details being as follows :—

DESIGNATION	Satisfactory	Unsatisfactory
“ Tuberculin Tested ” Milk	... 4	1
Accredited Milk ... ..	... 14	6
Pasteurised Milk ... ..	... 1	1

Of the balance of 19 ungraded milks in respect of which there is no legal standard, 15 were satisfactory and 4 were unsatisfactory.

FOOD INSPECTION

During the year 4 cwts. 2 qtrs. 5 lbs. of food were condemned. This was made up of :—

					cwts.	qtrs.	lbs.
Tinned Goods ...	...	...	...	...	I	3	3
Sandwich Spread ...	...	...	...	...	0	2	13
Margarine ...	...	...	...	...	0	2	4
Soya Flour ...	...	...	...	...	0	I	26
Flour ...	...	...	...	...	0	I	20
Dried Figs ...	...	...	...	...	0	0	22
Ham ...	...	...	...	...	0	0	21
Cheese ...	...	...	...	...	0	0	14
Bacon ...	...	...	...	...	0	0	8
Oats ...	...	...	...	...	0	0	8
Sausages... ..	...	...	...	...	0	0	5
Suet ...	...	...	...	...	0	0	I

PUBLIC CLEANSING

During 1949, 511 dust bins were provided to properties. In addition many property owners provided bins on their own initiative.

Details of the refuse dealt with are as follows :—

Night Soil, 299 loads.

Domestic Refuse, 1,908 loads.

Trade Refuse, 713 loads and 3,342 bins.

The total cost of collection and disposal was £4,027.

SALVAGE

The weight of material salvaged during 1949 was 99 tons 4 cwts., which realised £554 2s. 5d. In July there was a catastrophic drop in prices for all forms of salvage, particularly in regard to paper. Indeed it became difficult to dispose of existing stocks. It is a source of considerable satisfaction therefore to be able to report that all stocks were satisfactorily cleared. The unhappy experiences of other districts who were compelled to tip or burn accumulated stocks was thus avoided to the financial advantage of the rate-payers. Your Health Committee, however, immediately considered the new position which had arisen and decided that the revised prices meant that salvage was no longer an economic proposition. Salvage collections were therefore stopped forthwith and the staff engaged on this work dismissed. This ensured that all avoidable losses from salvage activities were obviated. The changed position will unhappily mean, however, that there must be an inevitable rise in the cost of refuse collection and disposal.

RODENT AND PEST CONTROL

During the year your Health Committee adopted Circular N.S.19 of the Ministry of Agriculture and Fisheries which means that they qualify for a 50% grant towards all expenditure incurred in rodent control. The new scheme also made it possible to treat all domestic premises without cost to the occupiers. This had the effect of encouraging householders to report all cases of rodent infestation immediately to the department, which made possible the more efficient control of this problem.

Two sewer maintenance treatments have been carried out, the results obtained showing that there was only limited infestation.

FOOD HYGIENE

In February, 1949, your Health Committee sponsored the formation of the Hebden Royd Hygienic Food Traders' Guild. This was the third such Guild to be formed in the whole of Great Britain and the first in the North of England. Since the formation eleven membership certificates have been granted covering the following trades :—

(1) Greengrocers	...	...	...	...	1
(2) Ice-Cream Manufacturers	...	...	...	...	2
(3) Catering Establishments	...	...	...	...	2
(4) Bakers	...	...	...	...	3
(5) Meat Purveyors	...	...	...	...	3

At the end of the year there were six further applications pending and of these three were suitable for admission to membership. In conjunction with the various trades, codes of practice have been drawn up with which traders have to comply before membership certificates are granted.

The following improvements have been effected as a result of the Guild's activities :—

(a) Provision of supply of constant hot water	...	...	...	...	6
(b) „ „ separate sink...	...	...	...	...	6
(c) „ „ soap, towel, nailbrush, etc....	...	...	...	...	4
(d) „ „ fuel hoppers	...	...	...	...	1
(e) „ „ covered garbage bins	...	...	...	...	5
(f) Structural repairs and improvements	...	...	...	...	4
(g) Covering of food with protective coverings, e.g., cellophane wrappers	...	...	...	...	2
(h) Improved ventilation	...	...	...	...	2

SWAB RINSE TECHNIQUE

Using the swab rinse technique as practised in America, surprise visits were paid to canteens, and catering establishments and swabs taken of cups, plates, spoons, etc. Whilst this work is still in its infancy and has its limitations, it proved extremely useful in securing an improvement in hygienic standards in catering establishments, serving as it did to check the efficacy of the washing up and storage arrangements.

In conclusion I desire to express my appreciation of the encouragement and support given to me by your Medical Officer.

I have the honour to be, Mr. Chairman and Gentlemen,

Your obedient servant,

W. L. KAY,

F.S.I.A., M.R.San.I.

Sanitary Inspector and Cleansing Superintendent.

